



EV486246021 PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/765,542
		Filing Date	1/19/2001
		First Named Inventor	William B. Lees
		Group Art Unit	2177
		Examiner Name	KHANH B PHAM
Total Number of Pages in This Submission		Attorney Docket Number	MS1-677US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	David A. Morasch , Reg. No. 42905
Signature	
Date	November 26, 2004

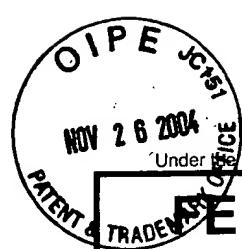
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Carly Taylor
Signature	
	Date 11/26/04

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EV486246021

PTO/SB/17 (10-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEET TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 110.00)

Complete if Known

Application Number	09/765,542
Filing Date	1/19/2001
First Named Inventor	William B. Lees
Examiner Name	KHANH B PHAM
Art Unit	2177
Attorney Docket No.	MS1-677US

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METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number	12-0769
Deposit Account Name	Lee & Hayes, PLLC

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) during the pendency of this application.
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid
Code 1001	(\$ 790)	Code 2001	Fee Description 395 Utility filing fee
1002	350	2002	175 Design filing fee
1003	550	2003	275 Plant filing fee
1004	790	2004	395 Reissue filing fee
1005	160	2005	80 Provisional filing fee

SUBTOTAL (1)

0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Fee from Extra Claims below				Fee Paid
Total Claims 86	-86 =	0	x 18	= 0
Indep. Claims 8	-8 =	0	x 88	= 0
Multiple Dependent				=
Large Entity Fee	Fee Description			
Code 1202	(\$ 18)	Code 2202	\$ 9	Claims in excess of 20
1201	88	2201	44	Independent claims in excess of 3
1203	300	2203	150	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 0.00

**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES		Fee Paid
Large Entity Fee	Fee Description	
Code 1051	Fee Code 2051 (\$ 130)	Fee Description Surcharge – late filing fee or oath
1052	50	2052 25 Surcharge – late provisional filing fee or cover sheet
1053	130	1053 130 Non-English specification
1812	2,520	1812 2,520 For filing a request for ex parte reexamination
1804	920*	1804 920* Requesting publication of SIR prior to Examination action
1805	1,840	1805 1,840 Requesting publication of SIR after Examiner action
1251	110	2251 55 Extension for reply within first month
1252	430	2252 215 Extension for reply within second month
1253	980	2253 490 Extension for reply within third month
1254	1,530	2254 765 Extension for reply within fourth month
1255	2,080	2255 1,040 Extension for reply within fifth month
1401	340	2401 170 Notice of Appeal
1402	340	2402 170 Filing a brief in support of an appeal
1403	300	2403 150 Request for oral hearing
1451	1,510	1451 1,510 Petition to institute a public use proceeding
1452	110	2452 55 Petition to revive – unavoidable
1453	1,330	2453 665 Petition to revive – unintentional
1501	1,370	2501 685 Utility issue fee (or reissue)
1502	490	2502 245 Design issue fee
1503	660	2503 330 Plant issue fee
1460	130	1460 130 Petitions to the Commissioner
1807	50	1807 50 Processing fee under 37 CFR 1.17(q)
1806	180	1806 180 Submission of Information Disclosure Stmt
8021	40	8021 40 Recording each patent assignment per property (times number of properties)
1809	790	2809 395 Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810 395 For each additional invention to be examined (37 CFR § 1.129(b))
1801	790	2801 395 Request for Continued Examination (RCE)
1802	900	1802 900 Request for expedited examination of a design application
Other fee (specify)		
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)
		110.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	David A. Morasch	Registration No. (Attorney/Agent)	42905	Telephone	509-324-9256
Signature				Date	11/26/2004

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